

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 217

1. PLACE OF DEATH
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 315 E. Reed St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____ years, months or days

3. (a) PRINT FULL NAME William Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 14th day October
year 1940 hour 1 minute AM M.
21. I hereby certify that I attended the deceased from Oct 12 - 1940 to Oct 14 1940
that I last saw him alive on Oct 14 - 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 23 1876
(Month) (Day) (Year)

Immediate cause of death Arterial Sclerosis
Duration _____

8. AGE: Years 64 Months 7 Days 21 If less than one day _____ hr. _____ min.

Due to _____
Due to 99

9. Birthplace Dallon MO
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Stone Mason

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name John Brown
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Caroline J. Hall
15. Birthplace MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rosetta Erickson
(b) Address Moberly Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Oct-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work? _____ (e) Means of injury _____

(c) Place: burial or cremation Dallon MO

23. Signature Paul C Davis (M. D. or other) _____
Address Moberly MO Date signed 10/14/40

18. (a) Signature of funeral director G. A. Carr
(b) Address 417 N. 5th St MO

19. (a) Oct 17-40 (b) Paul Erickson
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2169

Date Filed NOV 14 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. 3

working under my personal supervision.

Signed

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address mobley mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.